

# PUBLIC HEALTH REPORTS

VOL. 54

JANUARY 6, 1939

NO. 1

## THE HEALTH OF THE NATION<sup>1</sup>

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In discussing public health in the United States it is tempting to dwell upon past accomplishments. It is pleasant to point with pride to the lowest general mortality on record; to a further decline in the tuberculosis death rate, now less than 50 per 100,000; to a continually lower infant mortality and a significant reduction in the mortality of women during childbirth, which is 15 percent lower this year than last. Similar satisfaction could be taken in the low level of death rates from typhoid fever, diphtheria, and many other preventable diseases. Such rates, however, are based upon past records and compared with death rates of earlier days. If medical science were static, past records would be a useful yardstick. Medical science, however, is not static. Almost every year additions are made to scientific knowledge which make it possible for us to do more than previously was possible in the prevention of disease. Many tools for better health are being forged in our scientific laboratories. There is every reason why we should accomplish more now than in the past. Moreover, an awakening public sentiment and the increasing interest of doctors in disease prevention as well as cure, make it possible for us to do far more than has yet been done in putting medical science to work for all of the people. Sickness and death rates of previous years, therefore, are inadequate yardsticks for the present and are utterly useless as goals for the future. Public health is a dynamic science. The horizon of knowledge is being extended year by year. Our plans for its application should embrace not only the knowledge we now have but should forecast the inevitable accretions to knowledge which year by year will make it possible to prevent deaths now considered inevitable.

The first large-scale effort to shorten the lag between what we know and what we do came in the provisions of the Social Security Act. Experience has shown that the basic plan of Federal-State cooperation for health work was soundly conceived. In most States and communities it has been effectively administered. It has been possible to allot a ponderance of Federal funds to those States and com-

<sup>1</sup>Address presented at the meeting of the American Public Health Association, Kansas City, Mo., Oct. 25, 1938, and published in the *American Journal of Public Health* for December 1938 (Vol. 28, No. 12), pp. 1376-1380.

munities with the most meager financial resources but with the most urgent health problems. It has been possible to insist upon qualified public health personnel. The number of counties under the direction of whole-time health officers has been increased by 96 percent. Federal funds have served to stimulate State and local appropriations. New funds from these sources exceed \$8,000,000. Vital services of State health departments have been strengthened. For the first time a number of States have begun to provide for industrial hygiene as a State health activity. Emergency Federal funds have provided sanitation, better water supplies, treatment of sewage, and malaria drainage. Greater progress has been made in public health during the past 2 years than in any similar period in our history.

One of the most important results of Federal aid to health has been in the training of public health personnel. More than 3,000 health officers, nurses, laboratory directors, and other professional and technical personnel have been trained with Social Security funds.

During the past 2 years, also, we have seen two important additions to Federal statutes relating to health. The National Cancer Institute was created by an Act of Congress last year and authorized to conduct studies relating to this disease; to promote coordination of similar studies conducted by other agencies; to procure and lend radium to research and treatment centers; to provide research fellowships and train cancer specialists; to cooperate with State health agencies in the prevention and control of cancer. The act provides also for the useful application of research results with a view to developing the widespread use of the most effective methods of prevention, diagnosis, and treatment of cancer. A building is under construction to house the Cancer Institute as a part of the National Institute of Health group, and an appropriation of \$400,000 is available this year for carrying out the purposes of the law.

For this fiscal year, funds are available to assist the campaign against venereal diseases. The Venereal Disease Control Act, approved May 24, 1938, authorizes cooperation with the States for the prevention and control of these diseases and studies by the Public Health Service to develop more effective methods. Appropriations authorized for the next fiscal year are \$5,000,000, for the succeeding year \$7,000,000, and for the next 10 years such amounts as the Congress may deem necessary to carry out the purposes of the act.

Perhaps the most significant progress during the past 2 years, however, has not been in terms of legislation, nor yet in terms of actual public health accomplishment, but in the development and presentation to the country of a far-reaching national health program designed to deal in a comprehensive way with the whole problem of health and medical care.

Two years ago in "Reporting Progress" I discussed with you the health services made possible by the Social Security Act. Last year Assistant Secretary Roche in an historic address summarized the findings of the National Health Survey; documented the long known fact that the sick are poor and the poor are sick; added conclusive evidence that the poor receive not only the least medical care but the least amount of good medical care; argued convincingly that the treatment of the sick was no less a responsibility of health officers than the prevention of disease; and recommended that this Association appoint a committee to cooperate with appropriate Federal agencies and the medical profession in working out national plans for the medical care of the underprivileged.

Such a committee was appointed 3 months ago under the chairmanship of Miss Roche and, at the suggestion of the President, a National Health Conference was held in Washington. To that conference were presented the needs of the American people for health and medical care and definite proposals as to the several methods by which we as a nation can meet these needs. The first recommendation was for the expansion of public health and maternal and child health services, in order to minimize the risk of illness and to reduce its current volume, by expanding present Federal-State cooperation under the Social Security Act. Through strengthened local health organizations in every community it was proposed that a major attack be directed against those causes of disease and death for the control of which we have scientific weapons of unquestioned power.

To meet the great deficiencies in our physical facilities for good health it was recommended that additional hospitals, mental and general, tuberculosis sanatoria, health centers, and rural hospitals be built, and aid given toward their maintenance during the first few years of operation.

For the medically needy it was recommended that public medical care be provided for the dependent groups of the population and for those who, although able to obtain food, shelter, and clothing from their own resources, are unable to procure necessary medical care.

To meet the economic burdens of unpredictable illness among self-supporting persons it was recommended that general taxation, special tax assessments, or specific insurance contributions provide the funds. The roll of the Federal Government in this respect should be properly that of giving financial and technical aid to the States in their development of sound programs of their own choice.

It was recommended also that insurance against the loss of wages during sickness be provided by an extension of existing unemployment and other provisions of the Social Security Act.

It was urged that this program should be developed in an evolutionary manner over a period of 10 years; that in no respect should it

be a federalized operation of health and medical care, but that the Federal Government should use funds through grants-in-aid to assist in equalizing the financial burdens, insure minimum standards, and give the incentive to all parts of the country to join in a national movement. Finally, it was stated that, if a more limited health program were contemplated, priority should be given to the first and second proposals.

The National Health Conference dissected the whole complicated problem of medical care into its component parts. It outlined clearly the next steps which we as a nation should take. Each of these steps is simple and understandable. It will require, however, the best professional thinking to fit all elements of the new health program into a sound administrative scheme for the prevention and cure of disease; and to integrate this with our present activities at Federal, State, and local levels. It is clear that we cannot continue to think in terms of the separateness of public, private, and voluntary efforts, or of the separateness of preventive and curative efforts to reduce death and disease. Each contributes to the health of the individual and the nation. All are parts of the same entity. They frequently are not smoothly functioning parts. Our job is to make them mesh.

There is every prospect that the next steps in a national health program will be taken soon. Each step will impose additional duties upon health departments in every State and community. Since there is general acceptance of the principle of unity between the prevention and treatment of disease, sound public policy dictates that there should be a unity of administration for health and medical care programs. From the long-range view they are inseparable. The health department obviously is the one agency best fitted to do this job. A national health program will not be launched full grown as an emergency measure. It is deliberately planned as an evolutionary development, in some of its phases covering a 10-year period. None of us knows exactly the rate of progress in developing each of its several parts. All are confident that the basic objectives are sound. There is no serious disagreement as to method. In some sectors we must learn by careful doing in order to plan the succeeding steps efficiently.

All of these facts point to the need that the health departments in every State, city, and county prepare to assume the added responsibilities which inevitably will be theirs. This will mean the training of a larger and better health personnel skilled in the several special scientific disciplines represented in this Association. To do this job well, public health must be made a career service in every State, county, and city. No effective health program can be built on the quicksands of partisan politics. Appointments must be made on the basis of qualifications for the job; promotions on merit; tenure in office must be based on accomplishment. There is no place for incompetents.

In support of a Nation-wide program of health and medical care there is much more public interest than anyone expected. There is much more medical interest than anybody knew existed. The majority of medical opinion in the country, as reported through the House of Delegates of the American Medical Association, is more liberal in its view of national health problems than some of their spokesmen had indicated. The top men in clinical medicine, as individuals and as represented through their special societies, always have been leaders in progressive thought. Both of these groups in their thinking seem to be a little ahead of us whose job it is to serve the public health.

Public health seems to be one of the most popular issues in the country, nonpolitical in character, appealing to all shades of opinion. But we must remember that this popular support will be transitory and evanescent unless the health services in every community are efficiently conducted. The success of a national program will depend on how fully the needs of the people for public health and medical care are served. From this point on, the attitude of lawmakers and of the public generally will be determined by what each State and local health officer does. It is on this basis that judgments will be made and progress will be possible.

Even in advance of Federal action there is a mass of public feeling at the health officer's command. It is his to be used for health improvement in any county or city where he is intelligent enough to organize it.

In an earlier day the pioneers of public health were alone in the wilderness. Few among the medical profession and the general public knew what health officers were doing or why. Our job is easier now. The doctors and the public are beginning to understand the social and economic importance of your job and mine. The health officer is no longer in the front rank of public opinion. In fact, he needs to think fast and to act effectively if he is not to lag behind.

Nor is the new attitude of the American people toward public health an isolated phenomenon. During the past summer I have been studying public health and medical problems in Central and South America. As chairman of the United States delegation, I attended the Tenth Pan American Sanitary Conference held in Bogotá, Colombia, during the first half of September. Pursuant to treaty provisions, all American republics except one were represented by official delegates. From almost every country reports were presented which told of extraordinary activity in public health and in medical care for the underprivileged. These reports were verified as I visited several of the countries themselves and observed their activities. In tuberculosis and venereal disease control, in social security measures, in national programs for better nutrition, in maternity and child health work, no less than in the control of such pestilential diseases as yellow

fever and plague, great progress is being made, even in some nations otherwise considered backward.

Of great significance to our present discussion is the fact that these measures are not being imposed by central governments upon apathetic populations, but are being carried out, in some cases reluctantly, because of widespread and insistent popular demand.

Public health has become a people's cause. The people have become insistent that they be given the benefits of what scientific knowledge has verified as valuable for the prevention and relief of disease and for the maintenance of healthful living. They are entirely willing to support also further studies to solve those problems of health and disease which still baffle us.

The Renaissance was the great upswing from the dark ages toward art, literature, beauty in every form. It spread rapidly throughout Europe because the people were ready for it; it was the spirit of the age. The French Revolution was the beginning of a world-wide fight of the masses for political freedom in which our own young nation played its gallant part. The world movement toward beauty of form and expression seems to have leveled out. The world movement for freedom is alive only in isolated nations. But I believe that today we see the first faint stirrings of a world movement for health, a people's fight for life, for freedom from disease, and for an equal opportunity to be born well and to live well.

Science has shown the way. Not only by the fruits of its labor which has saved men's lives, saved them suffering, and maintained their physical and mental fitness, but also through the orderliness of mind, the clarity of vision, and the willingness to sacrifice for truth (which are the fundamentals of the scientific spirit), it is my firm belief that man may hope to raise himself high enough in the human scale to master his own machines and to affirm his own destiny, rather than become the passive instrument of self-designated supermen.

Science has shown the way. The scientists of public health must be prepared to meet the demands of leadership.

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## NONINDUSTRIAL INJURIES AMONG MALE AND FEMALE INDUSTRIAL EMPLOYEES <sup>1</sup>

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### INTRODUCTION

For a number of years data on nonindustrial injuries and sickness causing disability for 8 consecutive calendar days or longer have been reported to the United States Public Health Service by industrial sick

<sup>1</sup> From the Division of Industrial Hygiene, National Institute of Health, Washington, D. C. Acknowledgment is made to Dr. W. M. Gafar for his assistance in the preparation of this paper.

benefit organizations. Examination of these reports has frequently disclosed that nonindustrial injuries were relatively more common among females than among males. Although the excess in the female rate over a period of time was not uniform in magnitude and was far less than that for sickness, it was generally maintained, despite a variation in the number of companies reporting. See, for example, figure 1, reference (1), for data covering the years 1932-37. Data for the years 1925 to 1937 are shown in table 1. Among other things, the table gives the basic data on nonindustrial injuries limited to 11 companies which provided information for the entire period 1925-37, while figure 1 shows the annual number of nonindustrial injuries per 1,000 persons by sex for these companies. Again a consistent tendency for a somewhat higher female rate is evident. At times the female rate closely approaches that of the males and at times there is a wide divergence. No definite trend through all the years is apparent. The female maximum rate of 15.6 injuries per 1,000 was reached in 1927 and the minimum rate of 9.7 was recorded in 1933. Corresponding rates for males were 12.2 in 1929 and 8.5 in 1936. The greatest excess in the female rate, 67.7 percent, occurred in 1927, while the smallest excess, 3.5 percent, was in 1930.

TABLE 1.—*Nonindustrial injuries causing disability lasting 8 calendar days or longer among employees of selected companies, by sex and year of onset, 1925-37, inclusive*

Year	Eleven companies reporting continuously			Company A		
	Person-years of membership	Number of cases	Rate per 1,000	Person-years of membership	Number of cases	Rate per 1,000
Male						
Total.....	610, 801	5, 998	9. 8	75, 763	888	11. 7
1925.....	40, 075	354	8. 8	4, 321	62	14. 3
1926.....	43, 607	468	10. 7	5, 041	50	9. 9
1927.....	47, 332	441	9. 3	5, 647	65	11. 5
1928.....	47, 085	424	9. 0	5, 306	43	8. 1
1929.....	50, 848	622	12. 2	5, 726	87	15. 2
1930.....	49, 086	558	11. 4	6, 131	86	14. 0
1931.....	48, 943	486	9. 9	5, 844	90	15. 4
1932.....	43, 109	425	9. 9	5, 143	52	10. 1
1933.....	42, 680	392	9. 2	4, 974	45	9. 0
1934.....	45, 919	475	10. 3	5, 565	68	12. 2
1935.....	45, 300	407	9. 0	6, 063	64	10. 5
1936.....	50, 282	427	8. 5	7, 032	68	9. 7
1937.....	58, 585	519	9. 2	8, 950	108	12. 1
Female						
Total.....	86, 791	1, 085	12. 5	23, 151	342	14. 8
1925.....	6, 067	76	12. 5	1, 432	17	11. 9
1926.....	6, 772	75	11. 1	1, 769	20	11. 3
1927.....	6, 999	109	15. 6	1, 812	26	14. 3
1928.....	6, 809	89	13. 1	1, 807	25	13. 8
1929.....	7, 277	101	13. 9	2, 046	39	19. 1
1930.....	6, 885	81	11. 8	1, 904	26	13. 7
1931.....	6, 633	95	14. 3	1, 717	30	17. 5
1932.....	5, 722	67	11. 7	1, 505	22	14. 6
1933.....	5, 763	56	9. 7	1, 422	15	10. 5
1934.....	6, 204	69	11. 1	1, 643	21	12. 8
1935.....	6, 352	72	11. 3	1, 703	26	15. 3
1936.....	7, 035	89	12. 7	1, 890	30	15. 9
1937.....	8, 273	106	12. 8	2, 501	45	18. 0

In an attempt to discover possible reasons for the higher female rate, cases for one of the 11 companies, hereafter designated as Company A, were tabulated by the part of the body affected, by the type of injury, and by the number of days absent from work. For the

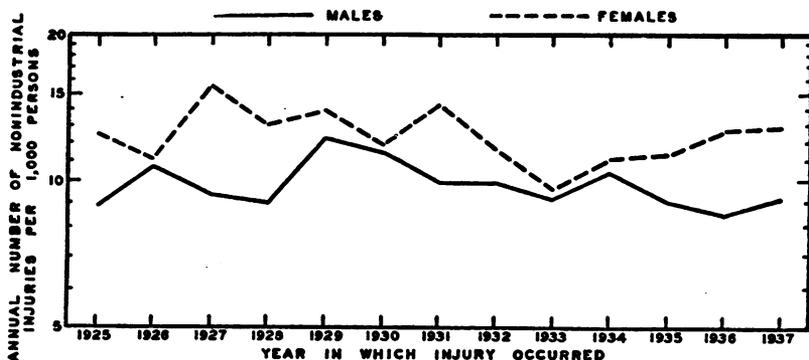


FIGURE 1.—Frequency (logarithmic) of cases of nonindustrial injuries causing disability lasting 8 calendar days or longer by sex, 1925-1937—experience of 11 industrial establishments continuously reporting cases to the United States Public Health Service.

entire experience, as will be observed from table 1 and figure 2, the sample company had higher rates for both sexes, but the excess in the female rate was nearly the same—27.5 percent for all 11 companies and 26.5 percent for Company A. Because of the small number of cases, fluctuations from year to year were much greater for Com-

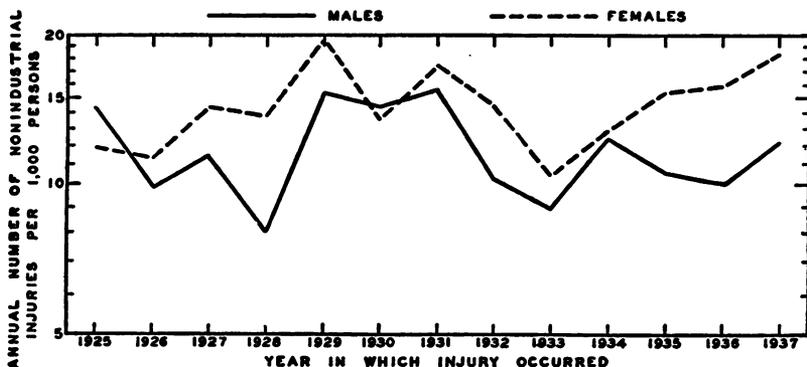


FIGURE 2.—Frequency (logarithmic) of cases of nonindustrial injuries causing disability lasting 8 calendar days or longer by sex, 1925-1937—experience of one industrial establishment (Company A) continuously reporting cases to the United States Public Health Service.

pany A, the female rate ranging from a low of 10.5 to a high of 19.1, and the male rate from 8.1 to 15.4.

As a contrast to Company A for which data were given for nonindustrial injuries causing absences for 8 or more calendar days, Company B was chosen because it permitted analysis of reported absences lasting from one through 7 days. Markedly higher rates for both

sexes were observed in the latter company, with females in a relatively more unfavorable position.

#### DISABILITIES LASTING 8 DAYS OR LONGER

*Part of body affected.*—In table 2 the nonindustrial injuries reported by Company A are classified according to the part or parts of the body affected. There can be observed a definite tendency in both sexes for the order of frequency, from the most to the least common part injured, to range from the lower extremities, to the upper extremities, to the trunk, to multiple parts, and to the head and neck. On the basis of the rate per 1,000 members of the sick benefit organization, there are, however, noticeable sex differences in the frequency of nonindustrial injuries by part of body. The female rate shows an excess which is of little importance for injuries to the upper extremities and injuries to the trunk, but rises to 29 percent for injuries to the head and neck, 32 percent for injuries to the lower extremities, and 75 percent for multiple injuries.

For each major part of the body, injuries were classified according to the specific member affected, such as hands, feet, legs, and so on. The number of cases was frequently so small that few conclusions could be drawn from the data. It is apparently significant that, whereas shoulder, arm, and wrist injuries show little sex difference in frequency, finger injuries are decidedly more common among females and hand injuries are relatively less common. Difference in tasks outside working hours might have some influence on the location of injuries. Females while engaged in household duties might be more likely to cut and bruise their fingers, while the more strenuous activity of males might lead to injury of the entire hand.

Among injuries to the lower extremities, the ankle was most often affected among both sexes. The excess in the female rate for this location amounted to 83 percent. It is reasonable to suppose that such injuries are associated with the type of shoes worn by women and with the nature of household tasks. The combination of high heels, slippery floors, and poorly lighted passages has long been recognized as predisposing to accidents. Leg and knee injuries taken together showed but a slight excess for females, while foot and toe injuries were more common for males. Possibly the latter were influenced by the outdoor activities of men.

Trunk injuries were characteristically of the back for women and of the ribs for men. Multiple injuries which involved more than one part of the body were markedly greater for females. The exact significance of this difference is not apparent in all cases, because it is possible that women go into greater detail when recounting their symptoms than do men, with the result that more minor bruises may

be recorded for the former. But even if this were true, the higher rate for females would persist, and only the distribution according to the four major parts of the body would be disturbed.

TABLE 2.—*Nonindustrial injuries causing disability lasting 8 calendar days or longer among employees of Company A, by age, sex, and part of body affected, 1925-37, inclusive*<sup>1</sup>

Sex and age	All nonindustrial injuries	Part of body affected						Sunburn and heat exhaustion	Food, chemical, plant poisoning	Miscellaneous	
		Total	Head and neck	Upper extremities	Lower extremities	Trunk	Multiple				Unknown
Rate per 1,000											
Male.....	11.7	11.3	0.7	3.0	3.8	2.1	1.2	0.5	0.1	0.2	0.1
Female.....	14.8	14.1	.9	3.1	5.0	2.2	2.1	.8	.1	.5	.1
Ratio, female to male.....	126	125	129	103	132	105	175	160	100	250	100
Number of cases											
Male.....	888	852	54	226	290	159	89	34	11	16	9
Female.....	342	326	20	72	115	52	48	19	2	11	3
Percent											
All ages:											
Male.....	100.0	96.0	100.0	6.4	36.6	33.8	18.7	10.5	4.0	1.2	1.8
Female.....	100.0	95.3	100.0	6.2	22.0	35.6	16.6	14.8	5.9	.6	3.2
Under 35 years:											
Male.....	100.0	96.1	100.0	7.9	30.2	34.3	14.0	9.2	4.4	1.2	1.8
Female.....	100.0	94.1	100.0	8.7	22.7	31.4	16.0	17.4	4.8	.9	4.1
35 years and over:											
Male.....	100.0	95.9	100.0	5.4	24.6	35.5	21.6	11.2	3.7	1.2	1.8
Female.....	100.0	97.5	100.0	1.7	20.7	45.1	18.4	10.3	7.8	0	1.7
Number of cases											
All ages:											
Male.....	<sup>2</sup> 885	849	54	226	287	159	89	34	11	16	9
Female.....	<sup>3</sup> 339	323	20	71	115	60	48	19	2	11	3
Under 35 years:											
Male.....	328	315	25	95	108	44	29	14	4	6	3
Female.....	220	207	18	47	65	31	36	10	2	9	2
35 years and over:											
Male.....	557	534	29	131	179	115	60	20	7	10	6
Female.....	119	116	2	24	50	19	12	9	0	2	1

<sup>1</sup> Person-years of membership: Males, 75,763; females, 23,151.

<sup>2</sup> Does not include 3 males of unknown age.

<sup>3</sup> Does not include 3 females of unknown age.

Since the age data for the population exposed are not available, age comparisons are limited to the comparison of percentage frequency distributions of the injuries. When injuries at age 35 years and over were compared with those for persons under 35 years it was found that for males the percent of trunk injuries increased sharply and multiple injuries increased to a lesser extent (table 2). For females, advancing age led to a marked increase of injuries to the lower extremities, with a

slight increase for trunk injuries. Owing to the concentration of injuries in the lower extremities among females 35 years of age and over, the percentages for all other parts of the body were less than for males in the same age group. For females under 35 years of age injuries were more widely distributed, with the result that the proportion of head, trunk, and multiple injuries was greater than for males. For example, among young females the proportion of multiple injuries was 89 percent in excess of the male proportion of such injuries while for older females, instead of an excess, there was a deficiency of 8 percent.

Distinct differences by age and sex were noted when each portion of the body was considered by itself. For example, eye injuries formed a much larger proportion of all head injuries among males than among females. Injuries to the arm and wrist showed an increase with age for both sexes, but the rise for females was relatively much more rapid. There was for both sexes a smaller proportion of hand and finger injuries in the older age group. Among females at 35 years and over ankle injuries were slightly more important than at the younger ages, but decreased in importance with age for males. The proportion of back and of rib injuries did not vary greatly with age among females, while there was a drop in back injuries and a corresponding increase in rib injuries among older males.

*Type of nonindustrial injury.*—It was possible to classify according to type 86.6 percent of the male injuries and 85.4 percent of the female injuries (table 3). Assuming that the unknown injuries are evenly distributed, it would appear that females had relatively fewer fractures and more sprains, cuts, bruises, and burns. The proportion fractures bear to all types of injury increased very slightly with advancing age, while the relative position of males and females remained the same. There was an apparent tendency for the difference between the male and female percentages to be less in the older age period with respect to sprains and more with respect to burns, cuts, and bruises.

On the assumption that there is likely to be least error in the classification of fractures and that such injuries would not often fall in the unknown category, certain significant sex differences by body location may be noted. Under 35 years of age, 40.8 percent of all male injuries to the lower extremities were fractures, while only 23.1 percent of all female injuries were so classified. The reverse is true of trunk injuries, with 29.5 percent fractures for males and 38.7 percent for females. Females 35 years and older continued to show a lower rate than males with regard to fractures of the lower extremities. Injuries to the upper extremities did not show marked sex differences with respect to the proportion of fractures in either age group. The above seems to suggest that the lower percentages of fractures for

females is associated with injuries to the lower extremities rather than with injuries to other parts of the body. Women are absent from work because of ankle sprains, not broken bones. Men either do not suffer as many sprains, or they do not stay away from work as readily because of such injuries.

TABLE 3.—*Nonindustrial injuries causing disability lasting 8 calendar days or longer among employees of Company A, by age, sex, and type of injury, 1925-37, inclusive*

Age and sex	All nonindustrial injuries	Fractures only	Fractures with other injuries	Sprains <sup>1</sup>	Cuts and bruises	Burns	Unspecified
	Percent						
All ages:							
Male.....	100.0	36.1	4.7	22.7	20.9	2.2	13.4
Female.....	100.0	26.6	3.7	28.2	22.9	4.0	14.6
Under 35 years:							
Male.....	100.0	35.6	4.4	21.6	21.6	3.2	13.6
Female.....	100.0	25.1	4.8	30.0	23.2	3.4	13.5
35 years and over:							
Male.....	100.0	36.3	4.9	23.4	20.4	1.7	13.3
Female.....	100.0	29.3	1.7	25.0	22.4	5.2	16.4
	Number of cases						
All ages:							
Male.....	849	306	40	193	177	19	114
Female.....	323	86	12	91	74	13	47
Under 35 years:							
Male.....	315	112	14	68	68	10	43
Female.....	207	62	10	62	48	7	28
35 years and over:							
Male.....	534	194	26	125	109	9	71
Female.....	116	34	2	29	26	6	19

<sup>1</sup> Includes sprains with other injuries except fractures.

*Duration of disability from nonindustrial injuries.*—Duration of nonindustrial injuries measured in terms of the average number of days lost per case showed little sex difference. Under 35 years of age males lost an average of 35.2 days, while females lost 37.7 days. At 35 years and over the males lost 44.4 days and the females 46.8 days. The older age group showed a 26.1 percent increase in the average length of male cases and a 24.1 percent increase in the average length of female cases.

The average duration of case by type of injury indicates that, while fractures cause decidedly longer periods of disability at all ages for females, the injuries classified as sprains, cuts, and bruises exhibit no marked sex difference. For serious types of injury such as fractures there was a tendency for the difference in duration between the sexes to become relatively less important with advancing age. The contrary was true for sprains, and cuts and bruises.

Certain trends are evident from table 4 which shows by sex and broad age groups the cumulative percentage of total days lost for

selected days between the 8th and 56th days after onset of disability. Both male and female cases under 35 years of age were of relatively shorter duration than were cases above that age. For example, on the 56th day of disability the younger males had lost 83.7 percent of the total days, while the older males had lost 72.9 percent. On the same day the corresponding proportions for females were 77.5 and 71.5 percent. If these data were plotted graphically it would be evident that at 35 years of age and older there is a remarkable similarity in the curves for the cumulative percentages of days lost after onset of injury among both males and females. Under 35 years of age there would be a tendency for the curves for the two sexes to diverge, the difference gradually becoming more pronounced with increasing duration. The males more rapidly approached their total days lost, indicating a shorter duration of cases. Males had already lost 70 percent of their total days of disability by the 36th day after onset, while females did not reach 70 percent until 8 days later, the 44th day after onset.

TABLE 4.—*Cumulative percentages of total days lost from nonindustrial injuries for selected days of disability after onset of injury among employees of Company A, by sex and age, 1925-37, inclusive*

Day of disability after onset	Cumulative percentage of total days lost <sup>1</sup>			
	Under 35 years of age		35 years of age and over	
	Male	Female	Male	Female
8th.....	23.3	21.9	18.3	17.4
14th.....	38.4	35.9	30.6	29.2
21st.....	50.9	47.4	42.0	40.6
28th.....	60.7	55.9	50.8	49.5
35th.....	68.7	62.9	58.1	56.6
42d.....	75.1	68.9	63.8	62.7
49th.....	80.1	73.8	68.7	67.6
56th.....	83.7	77.5	72.9	71.5

<sup>1</sup> Total days of disability: Males, under 35 years of age, 11,288; 35 years of age and over, 24,352; females, under 35 years of age, 8,052; 35 years of age and over, 5,476.

#### DISABILITIES LASTING LESS THAN 8 DAYS

Table 5 and figure 3 show nonindustrial injuries by sex for Company B, which reported absences lasting from 1 to 7 days, inclusive. It is evident that such disabilities for both sexes were much more frequent for this company than for Company A which had a 7-day waiting period. Likewise the excess in the female rate is decidedly greater for Company B.

Examination of table 6 reveals some of the factors associated with the higher frequency of nonindustrial injuries among females. The rate for all absences in Company B is affected by the excess of sunburn among females, which was more than three times the male rate. Dis-

regarding all injuries unless they can be related to some part of the body, Company B still has a female rate 64 percent in excess of the male rate, as compared with a 25 percent excess in Company A. Comparing the ratio of the male to the female rate for each company it appears that the fact that there is no waiting period is a factor which increases the relative difference between the sexes, especially with respect to injuries of the upper and lower extremities. For Company B, with no waiting period, the female excess of injuries to the head increased only slightly in comparison with the record for Company A, with a 7-day waiting period, while trunk injuries became less important for females. Because of different rules and regulations regarding absences, the comparison between Company A and Company B cannot be carried further; but it does appear probable that, as nonindustrial injuries become less serious, their relative frequency among females increases.

TABLE 5.—*Nonindustrial injuries causing disability lasting less than 8 calendar days among employees of Company B, by sex and year of onset, 1930-37, inclusive*

Year	Male			Female		
	Person-years of membership	Number of cases	Rate per 1,000	Person-years of membership	Number of cases	Rate per 1,000
Total.....	21, 197	728	34. 3	5, 347	344	64. 3
1930.....	2, 846	127	44. 6	727	70	96. 3
1931.....	2, 748	104	37. 8	695	50	71. 9
1932.....	2, 634	93	35. 3	653	27	41. 3
1933.....	2, 565	73	28. 5	629	36	57. 2
1934.....	2, 557	85	33. 2	623	44	70. 6
1935.....	2, 552	87	34. 1	622	41	65. 9
1936.....	2, 606	83	31. 8	681	35	51. 4
1937.....	2, 689	76	28. 3	717	41	57. 2

The same general trends already described for Company A hold true also for Company B. Here again ankle injuries were important

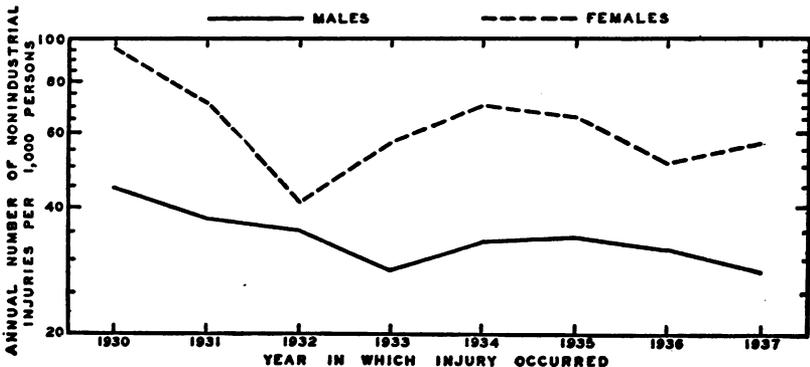


FIGURE 3.—Frequency (logarithmic) of cases of nonindustrial injuries causing disability lasting less than 8 calendar days, by sex, 1930-1937—experience of one industrial establishment (Company B) continuously reporting cases to the United States Public Health Service.

among both sexes, with the female rate 227 percent in excess. The proportion of injuries to various parts of the body exhibited a tendency for multiple injuries to increase with age among females, while among males the increase occurred with respect to trunk injuries. Back strains were important for older men and multiple bruises, possibly a result of falls, were common for older women. In Company B injuries to the lower extremities and multiple injuries made up 59.1 percent of the female cases under 35 years and 61.2 percent of the female cases 35 years and over.

TABLE 6.—*Nonindustrial injuries causing disability lasting less than 8 calendar days among employees of Company B, by age, sex, and part of body affected, 1930-37, inclusive*<sup>1</sup>

Sex and age	All nonindustrial injuries	Part of body affected						Sunburn and heat exhaustion	Food, chemical, plant poisoning	Miscellaneous		
		Total	Head and neck	Upper extremities	Lower extremities	Trunk	Multiple				Unknown	
Rate per 1,000												
Male.....	34.3	26.6	3.8	3.3	10.9	5.9	1.9	0.8	3.9	3.1	0.7	
Female.....	64.3	43.7	6.2	6.5	21.7	4.6	4.5	.2	12.0	7.5	1.1	
Ratio, female to male.....	187	164	163	197	199	78	237	25	308	242	157	
Number of cases												
Male.....	728	565	82	69	232	126	40	16	83	65	15	
Female.....	344	234	33	35	116	25	24	1	64	40	6	
Percent												
All ages:	100.0	77.6	100.0	14.6	12.2	41.1	22.3	7.1	2.8	11.4	8.9	2.1
Male.....	100.0	68.0	100.0	14.1	15.0	40.5	10.7	10.3	.4	18.6	11.6	1.8
Female.....	100.0	65.3	100.0	16.3	14.9	52.6	9.1	6.5	.6	19.9	12.7	2.1
Under 35 years:	100.0	75.1	100.0	14.4	14.7	43.1	18.1	8.4	1.3	12.3	9.8	2.8
Male.....	100.0	65.3	100.0	16.3	14.9	52.6	9.1	6.5	.6	19.9	12.7	2.1
Female.....	100.0	80.6	100.0	14.7	9.4	38.7	27.1	5.6	4.5	10.3	7.9	1.2
35 years and over:	100.0	74.1	100.0	10.0	15.0	43.7	13.8	17.5	0	15.7	9.3	.9
Male.....	100.0	74.1	100.0	10.0	15.0	43.7	13.8	17.5	0	15.7	9.3	.9
Female.....	100.0	74.1	100.0	10.0	15.0	43.7	13.8	17.5	0	15.7	9.3	.9
Number of cases												
Under 35 years:	398	299	43	44	129	54	25	4	49	39	11	
Male.....	236	154	25	23	81	14	10	1	47	30	5	
Female.....	330	266	39	25	103	72	15	12	34	26	4	
35 years and over:	108	80	8	12	35	11	14	0	17	10	1	
Male.....	108	80	8	12	35	11	14	0	17	10	1	
Female.....	108	80	8	12	35	11	14	0	17	10	1	

<sup>1</sup> Person-years of membership: Males, 21,197; females, 5,347.

## SUMMARY

A small but consistent excess in the rate of nonindustrial injuries among female industrial employees was found for all companies and for 11 companies which reported to the United States Public Health Service for the entire period 1925 through 1937. For one company an analysis of all nonindustrial injuries which lasted 8 days or longer revealed that the difference between the male and female rates was largely due to a relative excess among females of injuries to the lower extremities and injuries to multiple parts of the body. The frequency of injuries was shown to vary according to age as well as sex. The injuries were found to be less serious among females than among males, while the average number of days lost per case was slightly greater for the former. When a company which reported disabilities lasting from 1 to 7 days, inclusive, was selected the relative excess of female cases became considerably greater. It appears from this study that, for the companies reporting, females were absent from work more often and for a longer time because of nonindustrial injuries than were males. This does not necessarily indicate that females are more prone to such injuries, as other factors, such as a different psychological attitude toward injuries, or a different attitude toward regularity of attendance at work, may play a part.

## REFERENCE

- (1) Gafafer, W. M., and Frasier, E. S.: Frequency of disabling illness among industrial employees during 1932-37 and the first quarter of 1938. Pub. Health Rep., 53: 1562-1571 (Sept. 2, 1938).

## DEATHS DURING WEEK ENDED DECEMBER 17, 1938

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Dec. 17, 1938	Corresponding week, 1937
Data from 88 large cities of the United States:		
Total deaths.....	8,595	18,846
Average for 3 prior years.....	18,636	
Total deaths, 50 weeks of year.....	406,461	431,344
Deaths under 1 year of age.....	539	1,615
Average for 3 prior years.....	1,549	
Deaths under 1 year of age, 50 weeks of year.....	26,177	27,636
Data from industrial insurance companies:		
Policies in force.....	68,278,453	69,981,599
Number of death claims.....	14,027	12,650
Death claims per 1,000 policies in force, annual rate.....	10.7	9.4
Death claims per 1,000 policies, 50 weeks of year, annual rate.....	9.2	9.7

<sup>1</sup> Data for 86 cities.

# PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

## UNITED STATES

### CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

In these and the following tables, a zero (0) indicates a positive report and has the same significance as any other figure, while leaders (.....) represent no report, with the implication that cases or deaths may have occurred but were not reported to the State health officer.

Cases of certain diseases reported by telegraph by State health officers for the week ended December 24, 1938, rates per 100,000 population (annual basis), and comparison with corresponding week of 1937 and 5-year median

Division and State	Diphtheria				Influenza				Measles			
	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median
<b>NFW ENG.</b>												
Maine.....	67	11	0	2	6	1	.....	1	6	1	22	22
New Hampshire.....	61	6	0	0	.....	.....	.....	.....	.....	5	27	27
Vermont.....	0	0	0	0	.....	.....	.....	.....	68	5	138	55
Massachusetts.....	5	4	7	10	.....	.....	.....	.....	231	196	68	195
Rhode Island.....	0	0	0	0	.....	.....	.....	.....	8	1	3	3
Connecticut.....	18	6	6	2	24	8	.....	5	201	67	4	76
<b>MID. ATL.</b>												
New York.....	7	17	23	45	10	14	16	13	368	915	71	467
New Jersey.....	6	5	5	16	5	4	6	20	16	13	319	36
Pennsylvania.....	33	64	26	55	.....	.....	.....	.....	34	67	3,090	171
<b>E. NO. CEN.</b>												
Ohio.....	13	17	18	38	.....	.....	9	9	12	15	395	53
Indiana.....	26	17	24	34	12	8	31	45	12	8	44	59
Illinois.....	18	27	40	49	17	25	19	84	10	15	1,030	43
Michigan.....	10	9	11	17	.....	.....	1	3	273	253	254	29
Wisconsin.....	5	3	1	3	105	59	35	35	440	247	103	103
<b>W. NO. CEN.</b>												
Minnesota.....	4	2	3	3	4	2	.....	.....	568	289	3	25
Iowa.....	27	13	4	6	20	10	5	5	349	171	9	9
Missouri.....	13	10	22	27	77	59	60	85	3	2	746	71
North Dakota.....	37	5	0	2	44	6	1	2	2,432	336	.....	14
South Dakota.....	68	9	0	2	8	1	.....	.....	964	128	.....	2
Nebraska.....	8	2	5	4	1	1	.....	.....	19	5	2	5
Kansas.....	11	4	10	12	8	3	4	4	14	51	59	25

See footnotes at end of table.

(17)

Cases of certain diseases reported by telegraph by State health officers for the week ended December 24, 1938, rates per 100,000 population (annual basis), and comparison with corresponding week of 1937 and 5-year median—Continued

Division and State	Diphtheria				Influenza				Measles			
	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median
<b>SO. ATL.</b>												
Delaware.....	0	0	0	0					20	1	3	3
Maryland <sup>1</sup> .....	16	5	12	15	31	10	12	18	332	10	5	41
Dist. of Col.....	50	6	5	10	25	3	5	4	25	3	8	6
Virginia <sup>2</sup> .....	67	35	30	30	214	111		4	94	49	77	73
West Virginia.....	28	10	11	33	50	18	44	44	34	12	122	43
North Carolina <sup>3</sup> .....	58	39	21	26			7	19	336	225	242	242
South Carolina.....	8	3	3	6	656	236	95	353	8	3	7	9
Georgia <sup>4</sup> .....	17	10	17	17	115	68			47	28		
Florida <sup>5</sup> .....	25	8	14	12	12	4	6	4	31	10	30	3
<b>E. SO. CEN.</b>												
Kentucky.....	21	12	7	23	62	35	16	31	14	8	94	60
Tennessee <sup>1</sup> .....	13	7	9	37	31	17	50	54	25	14	187	12
Alabama <sup>2</sup> .....	32	18	27	23	207	115	170	156	146	81	19	19
Mississippi <sup>3,4</sup> .....	10	4	5	8								
<b>W. SO. CEN.</b>												
Arkansas.....	18	7	5	8	270	106	38	38	23	9	50	5
Louisiana.....	22	9	6	21	24	10	50	12	88	36	2	8
Oklahoma.....	39	19	23	22	145	71	149	80	53	26	9	9
Texas <sup>5</sup> .....	40	47	50	33	361	427	493	239	29	34	77	72
<b>MOUNTAIN</b>												
Montana.....	29	3	0	1				15	1,674	173	4	4
Idaho.....	21	2	1	0	127		12	1	2	878	83	13
Wyoming.....	39	4	0	0						67	3	1
Colorado.....	58	12	11	6	34	7			58	12	73	7
New Mexico.....	62	5	3	4			4	3	198	16	78	44
Arizona.....	38	3	2	4	1,658	131	76	47	25	2		5
Utah <sup>1</sup> .....	0	0	4	0	171	17			90	9	38	38
<b>PACIFIC</b>												
Washington.....	6	2	5	3					459	146	19	79
Oregon.....	0	0	0	1	61	12	71	39	66	13	10	14
California <sup>2</sup> .....	36	42	26	30	19	23	35	35	595	702	26	46
Total.....	22	543	499	871	80	1,634	1,499	1,499	186	4,544	7,581	4,973
51 weeks.....	23	29,313	27,196	37,290	62	64,354	290,164	155,735	639	794,431	291,343	374,517

Division and State	Meningitis, meningococcus				Pollomyelitis				Scarlet fever			
	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median
<b>NEW ENG.</b>												
Maine.....	0	0	1	1	0	0	0	0	43	7	8	17
New Hampshire.....	0	0	1	0	0	0	0	0	92	9	8	8
Vermont.....	0	0	0	0	0	0	0	0	123	9	2	5
Massachusetts.....	1.2	1	0	2	0	0	0	0	161	137	193	193
Rhode Island.....	0	0	0	0	0	0	0	0	54	7	28	28
Connecticut.....	0	0	1	1	0	0	0	0	162	54	76	50
<b>MID. ATL.</b>												
New York.....	1.2	3	5	5	0.4	1	0	2	134	333	350	456
New Jersey <sup>1</sup> .....	0	0	0	0	0	0	0	0	59	49	47	121
Pennsylvania.....	2.6	5	6	3	0	0	1	2	176	343	387	417

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended December 24, 1938, rates per 100,000 population (annual basis), and comparison with corresponding week of 1937 and 5-year median—Continued

Division and State	Meningitis, meningococcus				Poliomyelitis				Scarlet fever			
	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median
<b>E. NO. CEN.</b>												
Ohio.....	0.8	1	5	3	0	0	0	1	200	258	264	288
Indiana.....	3	2	0	1	0	0	0	0	200	133	126	172
Illinois.....	0	0	8	7	0	0	0	2	235	355	509	509
Michigan <sup>1</sup> .....	0	0	1	2	0	0	0	1	477	442	344	344
Wisconsin.....	0	0	0	0	0	0	0	1	335	188	141	257
<b>W. NO. CEN.</b>												
Minnesota.....	0	0	0	1	0	0	3	1	16	8	93	140
Iowa.....	0	0	2	2	0	0	0	0	270	132	228	99
Missouri.....	1.3	1	1	1	0	0	1	0	106	81	174	101
North Dakota.....	0	0	0	0	0	0	0	0	66	9	22	25
South Dakota.....	0	0	0	0	0	0	1	0	128	17	18	23
Nebraska.....	0	0	0	0	0	0	1	0	46	12	27	40
Kansas.....	6	2	2	2	0	0	1	2	322	115	132	132
<b>SO. ATL.</b>												
Delaware.....	0	0	0	0	0	0	0	0	240	12	16	16
Maryland <sup>1</sup> .....	0	0	3	3	0	0	0	0	99	32	49	70
Dist. of Col.....	0	0	0	1	0	0	0	0	58	7	8	16
Virginia <sup>2</sup> .....	0	0	3	3	0	0	0	1	39	20	35	50
West Virginia.....	11	4	2	2	2.8	1	1	1	199	71	61	77
North Carolina <sup>1</sup> .....	1.5	1	1	1	0	0	0	0	60	40	36	65
South Carolina.....	2.8	1	0	0	0	0	0	0	28	10	2	5
Georgia <sup>2</sup> .....	0	0	0	0	0	0	1	0	35	21	18	20
Florida <sup>1</sup> .....	9	3	2	0	3	1	0	0	25	8	0	7
<b>E. SO. CEN.</b>												
Kentucky.....	5	3	8	3	0	0	0	0	112	63	60	60
Tennessee <sup>1</sup> .....	1.8	1	2	2	0	0	1	1	58	32	32	45
Alabama <sup>1</sup> .....	1.8	1	9	1	5	3	1	0	56	31	23	20
Mississippi <sup>1,2</sup> .....	2.6	1	3	0	2.6	1	5	0	21	8	3	14
<b>W. SO. CEN.</b>												
Arkansas.....	0	0	0	0	0	0	0	0	31	12	6	13
Louisiana.....	0	0	2	1	2.4	1	2	1	54	22	7	16
Oklahoma.....	0	0	4	4	0	0	2	0	98	48	70	25
Texas <sup>1</sup> .....	1.7	2	4	2	0.8	1	2	0	63	74	113	113
<b>MOUNTAIN</b>												
Montana.....	0	0	0	0	0	0	0	0	213	22	24	33
Idaho.....	11	1	0	0	0	0	1	0	222	21	18	18
Wyoming.....	0	0	0	0	0	0	0	0	0	0	4	12
Colorado.....	15	3	0	0	0	0	0	0	117	24	51	51
New Mexico.....	0	0	0	0	0	0	0	0	198	16	32	32
Arizona.....	25	2	0	0	0	0	0	0	63	5	9	15
Utah <sup>1</sup> .....	10	1	1	1	0	0	0	0	131	13	62	55
<b>PACIFIC</b>												
Washington.....	3	1	0	2	0	0	1	1	151	48	49	49
Oregon.....	0	0	1	1	0	0	0	1	259	51	32	43
California <sup>1</sup> .....	0.8	1	3	3	0.8	1	0	6	161	190	140	157
Total.....	1.7	41	81	81	0.4	10	25	33	145	3,599	4,137	4,783
51 weeks.....	2.2	2,781	5,307	5,307	1.3	1,690	9,416	7,230	145	183,035	218,448	218,448

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended December 24, 1938, rates per 100,000 population (annual basis), and comparison with corresponding week of 1937 and 5-year median—Continued

Division and State	Smallpox				Typhoid and paratyphoid fever				Whooping cough		
	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases
<b>NEW ENG.</b>											
Maine.....	0	0	0	0	0	0	1	1	104	17	11
New Hampshire.....	0	0	0	0	0	0	0	0	10	1	1
Vermont.....	0	0	0	0	0	0	0	0	1,307	96	31
Massachusetts.....	0	0	0	0	1	1	1	1	207	176	83
Rhode Island.....	0	0	0	0	0	0	0	0	253	33	18
Connecticut.....	0	0	0	0	0	0	0	0	162	54	20
<b>MID. ATL.</b>											
New York.....	0	0	0	0	2	5	4	7	190	473	240
New Jersey ?.....	0	0	0	0	1	1	1	1	336	280	77
Pennsylvania.....	0	0	0	0	5	9	16	8	203	396	245
<b>E. NO. CEN.</b>											
Ohio.....	4	5	4	1	2	3	1	4	81	105	43
Indiana.....	47	31	55	3	5	3	3	3	26	17	18
Illinois.....	2	3	35	1	5	7	1	5	226	341	46
Michigan ?.....	6	6	2	1	2	2	2	4	219	203	114
Wisconsin.....	5	3	10	8	0	0	1	1	709	398	146
<b>W. NO. CEN.</b>											
Minnesota.....	29	15	17	5	0	0	1	2	28	14	19
Iowa.....	8	4	38	15	10	5	0	1	45	22	22
Missouri.....	12	9	26	4	5	4	5	4	33	25	32
North Dakota.....	7	1	5	5	0	0	0	0	30	4	23
South Dakota.....	30	4	2	4	0	0	0	0	23	3	2
Nebraska.....	4	1	1	1	0	0	0	0	8	2	10
Kansas.....	0	0	8	7	0	0	1	1	67	24	31
<b>SO. ATL.</b>											
Delaware.....	0	0	0	0	0	0	0	0	80	4	3
Maryland ?.....	0	0	0	0	6	2	3	4	71	23	57
Dist. of Col.....	0	0	0	0	0	0	1	1	158	19	3
Virginia ?.....	0	0	0	0	6	3	6	5	135	70	87
West Virginia.....	0	0	1	0	3	1	3	6	42	15	40
North Carolina ?.....	0	0	0	0	0	0	1	3	227	152	127
South Carolina.....	0	0	0	0	0	0	4	1	50	18	6
Georgia ?.....	0	0	0	0	12	7	1	5	15	9	3
Florida ?.....	0	0	0	0	3	1	3	2	106	34	9
<b>E. SO. CEN.</b>											
Kentucky.....	0	0	14	0	2	1	0	3	30	17	15
Tennessee ?.....	0	0	0	0	0	0	1	2	34	19	23
Alabama ?.....	0	0	1	1	5	3	9	5	65	36	35
Mississippi ? ?.....	0	0	2	0	8	3	1	1	-----	-----	-----
<b>W. SO. CEN.</b>											
Arkansas.....	0	0	1	1	8	3	0	2	74	29	13
Louisiana.....	2	1	0	0	12	5	6	8	39	16	14
Oklahoma.....	14	7	1	0	4	2	2	2	10	5	20
Texas ?.....	2	2	5	3	17	20	12	16	18	21	178
<b>MOUNTAIN</b>											
Montana.....	0	0	21	21	0	0	1	2	0	0	39
Idaho.....	63	6	24	1	53	5	1	0	42	4	13
Wyoming.....	155	7	3	3	0	0	0	0	0	0	11
Colorado.....	24	5	9	6	5	1	1	2	156	32	8
New Mexico.....	0	0	0	0	37	3	0	4	371	30	20
Arizona.....	76	6	0	0	38	3	0	1	139	11	13
Utah ?.....	0	0	2	0	0	0	0	0	181	18	5

See footnotes at end of table.

Cases of certain diseases reported by telegraph by State health officers for the week ended December 24, 1938, rates per 100,000 population (annual basis), and comparison with corresponding week of 1937 and 5-year median—Continued

Division and State	Smallpox				Typhoid and paratyphoid fever				Whooping cough		
	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases	1933-37, median	Dec. 24, 1938, rate	Dec. 24, 1938, cases	Dec. 25, 1937, cases
<b>PACIFIC</b>											
Washington.....	0	0	17	17	0	0	1	2	31	10	64
Oregon.....	61	12	6	6	0	0	2	2	51	10	28
California <sup>1</sup> .....	11	13	11	4	3	3	6	6	76	90	220
<b>Total</b> .....	<b>6</b>	<b>141</b>	<b>321</b>	<b>163</b>	<b>4</b>	<b>106</b>	<b>103</b>	<b>141</b>	<b>138</b>	<b>3,376</b>	<b>2,286</b>
<b>51 weeks</b> .....	<b>11</b>	<b>14,200</b>	<b>10,765</b>	<b>7,297</b>	<b>11</b>	<b>14,131</b>	<b>14,930</b>	<b>17,342</b>	<b>167</b>	<b>207,289</b>	-----

<sup>1</sup> New York City only.

<sup>2</sup> Period ended earlier than Saturday.

<sup>3</sup> Typhus fever, week ended Dec. 24, 1938, 47 cases, as follows: Virginia, 1; North Carolina, 1; Georgia, 23; Florida, 2; Tennessee, 1; Alabama, 1; Mississippi, 1; Texas, 14; California, 3.

### SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week:

State	Meningitis, meningococcus	Diphtheria	Influenza	Malaria	Measles	Pellagra	Polio-myelitis	Scarlet fever	Smallpox	Typhoid and paratyphoid fever
<i>November 1938</i>										
Arizona.....	1	28	344	-----	10	3	2	33	7	17
Colorado.....	4	71	121	-----	37	-----	0	187	37	22
Territory of Hawaii.....	0	3	51	-----	6	-----	0	-----	0	1
Illinois.....	2	205	67	22	102	1	2	1,097	6	33
Iowa.....	1	118	19	-----	180	-----	1	280	30	45
Kansas.....	1	49	35	1	33	-----	0	577	5	1
Louisiana.....	1	98	21	72	280	13	1	105	2	42
Massachusetts.....	2	21	-----	-----	597	1	0	356	0	18
Mississippi.....	1	77	3,927	2,247	388	265	4	63	0	7
Nevada.....	0	4	4	-----	24	-----	0	4	0	4
Ohio.....	7	-----	-----	-----	66	-----	3	-----	4	25
Oklahoma.....	2	84	247	91	50	7	3	153	17	39
South Dakota.....	0	30	29	-----	467	-----	0	148	8	3
Washington.....	0	15	12	1	163	-----	1	163	13	21

Summary of monthly reports from States—Continued

November 1938

	Cases		Cases		Cases
Actinomycosis:		German measles—Con.		Septic sore throat—Con.	
Illinois.....	1	Kansas.....	7	Ohio.....	67
South Dakota.....	1	Massachusetts.....	30	Oklahoma.....	48
Anthrax:		Ohio.....	18	South Dakota.....	3
Massachusetts.....	1	Washington.....	13	Washington.....	5
Chickenpox:		Hookworm disease:		Tetanus:	
Arizona.....	30	Hawaii Territory.....	3	Hawaii Territory.....	2
Colorado.....	378	Louisiana.....	10	Illinois.....	1
Hawaii Territory.....	86	Mississippi.....	487	Kansas.....	3
Illinois.....	1,031	Impetigo contagiosa:		Trachoma:	
Iowa.....	208	Hawaii Territory.....	8	Arizona.....	41
Kansas.....	226	Kansas.....	2	Hawaii Territory.....	5
Louisiana.....	14	South Dakota.....	2	Illinois.....	26
Massachusetts.....	812	Lead poisoning:		Kansas.....	4
Mississippi.....	350	Ohio.....	3	Louisiana.....	3
Nevada.....	50	Leprosy:		Mississippi.....	4
Ohio.....	2,231	Hawaii Territory.....	3	Oklahoma.....	7
Oklahoma.....	65	Louisiana.....	1	South Dakota.....	2
South Dakota.....	172	Mumps:		Trichinosis:	
Washington.....	863	Arizona.....	10	Massachusetts.....	2
Conjunctivitis:		Colorado.....	10	Tularaemia:	
Oklahoma.....	1	Hawaii Territory.....	52	Illinois.....	55
Washington.....	1	Illinois.....	173	Iowa.....	20
Dengue:		Iowa.....	30	Kansas.....	6
Mississippi.....	2	Kansas.....	86	Louisiana.....	1
Diarrhea:		Massachusetts.....	257	Nevada.....	2
Ohio (under 2 years; enteritis included).....	22	Mississippi.....	100	Ohio.....	8
Dysentery:		Nevada.....	63	Typhus fever:	
Arizona (bacillary).....	51	Ohio.....	637	Hawaii Territory.....	9
Colorado (amoebic).....	2	Oklahoma.....	5	Louisiana.....	1
Hawaii Territory (amoebic).....	2	South Dakota.....	54	Mississippi.....	5
Illinois (amoebic).....	4	Washington.....	192	Undulant fever:	
Illinois (amoebic carriers).....	20	Ophthalmia neonatorum:		Arizona.....	5
Illinois (bacillary).....	32	Illinois.....	1	Illinois.....	17
Iowa (bacillary).....	1	Louisiana.....	1	Iowa.....	11
Kansas (amoebic).....	2	Massachusetts.....	74	Kansas.....	10
Kansas (bacillary).....	3	Mississippi.....	9	Louisiana.....	4
Louisiana (amoebic).....	6	Ohio.....	59	Massachusetts.....	5
Massachusetts (bacillary).....	9	Puerperal septicemia:		Mississippi.....	4
Mississippi (amoebic).....	118	Mississippi.....	20	Ohio.....	5
Mississippi (bacillary).....	282	Ohio.....	3	Oklahoma.....	106
Ohio (bacillary).....	6	Rabies in animals:		South Dakota.....	1
Oklahoma (bacillary).....	26	Illinois.....	29	Washington.....	2
Washington (bacillary).....	3	Iowa.....	3	Vincent's infection:	
Encephalitis, epidemic or lethargic:		Louisiana.....	11	Illinois.....	13
Arizona.....	1	Massachusetts.....	2	Kansas.....	7
Colorado.....	3	Mississippi.....	3	Oklahoma.....	15
Illinois.....	4	Washington.....	81	Washington.....	2
Iowa.....	1	Rabies in man:		Whooping cough:	
Kansas.....	6	Illinois.....	2	Arizona.....	22
Massachusetts.....	4	Relapsing fever:		Colorado.....	220
Washington.....	2	Arizona.....	1	Hawaii Territory.....	48
Food poisoning:		Scabies:		Illinois.....	2,188
Kansas.....	1	Kansas.....	3	Iowa.....	108
German measles:		Washington.....	1	Kansas.....	84
Arizona.....	14	Septic sore throat:		Louisiana.....	70
Illinois.....	29	Colorado.....	14	Massachusetts.....	557
Iowa.....	4	Hawaii Territory.....	1	Mississippi.....	395
		Illinois.....	9	Nevada.....	6
		Iowa.....	1	Ohio.....	733
		Kansas.....	8	Oklahoma.....	43
		Louisiana.....	6	South Dakota.....	27
		Massachusetts.....	10	Washington.....	173

## WEEKLY REPORTS FROM CITIES

City reports for week ended Dec. 17, 1938

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table.

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
<b>Data for 90 cities:</b>											
5-year average <sup>1</sup>	234	286	69	1,184	762	1,380	14	354	31	966	-----
Current week <sup>1</sup>	166	104	37	1,179	544	1,174	22	335	17	1,547	-----
<b>Maine:</b>											
Portland	2		0	0	2	0	0	0	0	4	29
<b>New Hampshire:</b>											
Concord	0		0	0	5	0	0	0	0	0	18
Manchester	1		1	0	2	3	0	0	0	0	24
Nashua	0		1	0	1	1	0	0	0	0	3
<b>Vermont:</b>											
Barre	0		0	1	1	1	0	1	0	1	5
Burlington	0		0	0	0	0	0	0	0	1	7
Rutland	0		0	0	0	0	0	0	0	0	7
<b>Massachusetts:</b>											
Boston	1		1	25	16	47	0	10	1	59	225
Fall River	0		0	0	3	1	0	0	0	2	34
Springfield	0		0	46	0	1	0	1	0	4	30
Worcester	0		0	0	7	10	0	1	0	36	47
<b>Rhode Island:</b>											
Pawtucket	0		0	1	3	2	0	0	0	3	17
Providence	0		1	0	1	5	0	0	0	38	52
<b>Connecticut:</b>											
Bridgeport	1		1	0	1	3	0	1	0	1	37
Hartford	0		0	3	2	6	0	1	0	2	40
New Haven	0	1	0	7	0	0	0	1	0	10	52
<b>New York:</b>											
Buffalo	0		1	52	5	32	0	7	0	22	127
New York	24	14	2	48	87	72	0	60	2	165	1,445
Rochester	1		0	3	1	8	0	1	0	12	57
Syracuse	0		0	0	4	5	0	1	0	21	42
<b>New Jersey:</b>											
Camden	2		0	0	2	3	0	1	0	2	35
Newark	0		0	8	4	22	0	9	0	54	91
Trenton	0		0	3	0	5	0	1	1	8	28
<b>Pennsylvania:</b>											
Philadelphia	3	4	5	10	29	38	0	29	1	120	517
Pittsburgh	3	2	1	2	14	24	0	5	0	25	174
Reading	0		0	0	4	1	0	1	0	1	47
Scranton	0			0		14	0		0	9	-----
<b>Ohio:</b>											
Cincinnati	5		2	3	5	20	0	8	0	3	134
Cleveland	2	5	1	0	12	48	0	9	0	62	177
Columbus	12		0	3	1	6	0	3	0	5	81
Toledo	0	1	1	2	6	28	0	2	0	29	83
<b>Indiana:</b>											
Anderson	1		0	1	0	4	0	0	0	0	11
Fort Wayne	1		0	0	4	6	0	2	1	0	29
Indianapolis	3		1	3	9	38	16	4	0	5	112
South Bend											
Terre Haute	3		0	0	0	2	0	0	0	0	22
<b>Illinois:</b>											
Alton	0		0	0	0	0	0	0	0	6	5
Chicago	16	7	2	13	48	180	0	38	1	336	745
Elgin	0		0	0	2	5	0	1	0	0	13
Moline	0		0	0	1	3	0	0	0	4	16
Springfield	1		0	0	2	2	0	0	0	0	21
<b>Michigan:</b>											
Detroit	9		0	11	18	133	0	13	1	165	297
Flint	2		0	56	5	32	0	0	0	1	27
Grand Rapids	0		0	0	5	19	0	0	0	1	48
<b>Wisconsin:</b>											
Kenosha	0		0	0	1	7	0	0	0	21	11
Madison	0		0	0	0	3	0	0	0	6	12
Milwaukee	0		0	1	6	56	0	1	0	141	102
Racine	0		0	1	0	4	0	0	0	9	7
Superior	0		0	2	0	2	0	0	0	3	7

<sup>1</sup> Figures for South Bend, Ind., Wilmington, N. C., and Los Angeles, Calif., estimated; reports not received.

City reports for week ended Dec. 17, 1928—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Minnesota:											
Duluth.....	0		0	0	1	5	0	0	0	1	29
Minneapolis.....	1	4	92	8	17	0	1	1	1	6	119
St. Paul.....	0		0	135	0	27	0	0	0	3	50
Iowa:											
Cedar Rapids.....	0		1			0	0		2	2	
Davenport.....	2		0			4	0		0	0	
Des Moines.....	0	0	1	0		19	0	0	0	0	27
Sioux City.....	0		71			6	0		1	2	
Waterloo.....	4		0			12	0		0	1	
Missouri:											
Kansas City.....	3	0	0	11		22	0	3	0	2	85
St. Joseph.....	0	0	0	8		5	0	1	0	1	32
St. Louis.....	4		1	12		31	2	9	1	11	203
North Dakota:											
Fargo.....	0	0	33	0		5	0	0	0	0	6
Grand Forks.....	0		1			1	0		0	0	
Minot.....	0	0	21	0		2	0	0	0	0	11
South Dakota:											
Aberdeen.....	2		0			0	0		0	0	
Sioux Falls.....	0	0	70	0		6	0	0	0	0	11
Nebraska:											
Omaha.....	0	1	0	6		4	1	0	0	0	58
Kansas:											
Lawrence.....	0	0	0	0		0	0	0	0	0	3
Topeka.....	0	0	0	3		6	0	0	0	3	20
Wichita.....	1	0	0	4		4	0	0	0	0	35
Delaware:											
Wilmington.....	0	0	0	2		2	0	1	0	0	32
Maryland:											
Baltimore.....	2	5	0	74	12	16	0	13	1	17	222
Cumberland.....	0	0	0	2		2	0	0	0	0	17
Frederick.....	1		0	0		1	0	0	0	0	4
Dist. of Col.:											
Washington.....	1	4	2	0	5	8	0	15	1	23	168
Virginia:											
Lynchburg.....	3	0	0	0		0	0	0	0	14	5
Norfolk.....	2	0	0	8		7	0	0	0	0	28
Richmond.....	1	1	0	4		4	0	1	0	1	45
Roanoke.....	0	0	0	1		2	0	1	0	0	20
West Virginia:											
Charleston.....	0	0	1	0		0	0	0	0	0	11
Huntington.....	2		0			1	0		0	0	
Wheeling.....	0	0	0	0		0	0	0	0	3	25
North Carolina:											
Gastonia.....	0		0			0	0		0	0	
Raleigh.....	0	0	1	1		3	0	1	0	3	18
Wilmington.....											
Winston-Salem.....	0	0	1	0		0	0	0	0	0	5
South Carolina:											
Charleston.....	0	18	1	0	4	1	0	1	0	2	35
Florence.....	0	0	0	0	0	0	0	4	0	0	21
Greenville.....	0	0	0	1	1	0	0	1	0	0	6
Georgia:											
Atlanta.....	0	18	1	0	6	4	0	4	0	1	76
Brunswick.....	0	1	1	0	1	0	0	1	0	0	6
Savannah.....	1	1	1	0	3	2	0	1	0	0	35
Florida:											
Miami.....	1		0	0	4	2	0	0	1	0	31
Tampa.....	2	1	1	7	1	2	0	0	0	0	26
Kentucky:											
Ashland.....	0		0	0		0	0	1	0	0	9
Covington.....	0	0	2	4		2	0	0	0	0	22
Lexington.....	0	0	0	1		3	0	1	0	0	23
Louisville.....	3	3	0	1	3	13	0	1	0	2	50
Tennessee:											
Knoxville.....	1		2	0	1	7	0	0	0	0	27
Memphis.....	3		1	1	10	16	0	8	0	11	93
Nashville.....	1		0	0	2	1	0	4	0	5	65
Alabama:											
Birmingham.....	2	3	0	0	14	4	0	2	0	0	79
Mobile.....	2		0	0	4	0	0	0	1	0	22
Montgomery.....	0			10		0	0		0	0	

## City reports for week ended Dec. 17, 1938—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
<b>Arkansas:</b>											
Fort Smith	1			0		0	0		1	1	
Little Rock	1		0	0	4	3	0	1	0	2	5
<b>Louisiana:</b>											
New Orleans	18	2	2	11	21	8	0	13	1	0	133
Shreveport	0		0	1	6	2	0	0	0	0	29
<b>Oklahoma:</b>											
Oklahoma City	1	1	0	0	7	9	0	0	0	0	40
Tulsa	1			1		2	0		0	0	
<b>Texas:</b>											
Dallas	4	1	1	0	3	13	0	2	0	0	71
Fort Worth	1		0	0	6	5	0	1	0	0	32
Galveston	2		0	0	0	0	0	2	0	0	15
Houston	7		0	1	7	0	0	4	0	1	88
San Antonio	0	2	1	1	5	3	0	7	1	0	60
<b>Montana:</b>											
Billings	0		0	18	1	0	0	0	0	2	7
Great Falls	0		0	0	1	3	0	0	0	0	7
Helena	0		0	0	0	0	0	0	0	0	2
Missoula	0		0	0	1	9	0	0	0	0	8
<b>Idaho:</b>											
Boise	0		0	0	1	0	0	0	1		9
<b>Colorado:</b>											
Colorado Springs	0		0	0	0	3	0	0	0	3	12
Denver	5		1	2	11	4	0	1	0	35	96
Pueblo	0		0	0	1	7	0	1	0	0	11
<b>New Mexico:</b>											
Albuquerque	0		0	0	3	3	0	3	0	3	17
<b>Utah:</b>											
Salt Lake City	0		0	2	7	10	0	0	0	0	41
<b>Washington:</b>											
Seattle	0		0	1	5	3	0	3	0	1	84
Spokane	0		0	4	3	0	0	0	0	5	32
Tacoma	0		0	0	1	3	0	0	0	11	29
<b>Oregon:</b>											
Portland	0	1	2	3	4	17	0	2	0	1	87
Salem	0			0		1	0		0	0	
<b>California:</b>											
Los Angeles	0		0	1	2	0	3	1	0	0	35
Sacramento	0		0								
San Francisco	0	1	0	482	10	21	0	8	1	10	164

State and city	Meningitis, meningococcus		Polio-myelitis cases	State and city	Meningitis, meningococcus		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
<b>Massachusetts:</b>							
Boston	0	2	0	<b>Iowa:</b>			
<b>Rhode Island:</b>							
Providence	0	0	1	Des Moines	1	0	0
<b>Connecticut:</b>							
Hartford	0	0	1	<b>Nebraska:</b>			
<b>New York:</b>							
New York	2	0	0	Omaha	0	0	1
<b>Ohio:</b>							
Cincinnati	1	0	0	<b>West Virginia:</b>			
<b>Indiana:</b>							
Fort Wayne	1	0	0	Charleston	1	1	0
<b>Illinois:</b>							
Chicago	0	1	1	<b>South Carolina:</b>			
<b>Tennessee:</b>							
<b>Louisiana:</b>							
<b>Shreveport:</b>							
<b>Memphis:</b>							
<b>Nashville:</b>							
<b>New Orleans:</b>							
<b>Shreveport:</b>							

*Encephalitis, epidemic or lethargic.*—Cases: New York, 2; Topeka, 1; Louisville, 2.

*Pellagra.*—Cases: Charleston, S. C., 2; Nashville, 1; San Antonio, 1; San Francisco, 1.

*Rabies in man.*—Deaths: Seattle, 1.

*Typhus fever.*—Cases: Baltimore, 1; New Orleans, 1; Fort Worth, 1; Houston, 2; San Antonio, 1.—Deaths: Houston, 1.

## FOREIGN AND INSULAR

### BELGIUM

*Vital statistics—Year 1937.*—Following are vital statistics for Belgium for the year 1937.

	Number	Rate per 1,000 population		Number	Rate per 1,000 population
Births.....	127,506	15.26	Deaths from—Continued.		
Deaths.....	109,140	13.05	Measles.....	224	0.027
Marriages.....	63,435	7.59	Meningitis (nontubercular).....	807	.097
Deaths from:			Nephritis.....	2,950	.353
Appendicitis.....	626	.075	Pneumonia.....	7,218	.863
Cancer and other malignant tumors.....	9,801	1.172	Scarlet fever.....	95	.011
Cerebral hemorrhage.....	8,647	1.034	Septicæmia and puerperal infections.....	155	.019
Diabetes mellitus.....	1,644	.197	Syphilis.....	50	.006
Diarrhea and enteritis (under 2 years).....	968	.116	Tuberculosis (respiratory).....	4,478	.536
Diarrhea and enteritis (2 years and over).....	376	.045	Tuberculosis (other forms).....	1,442	.172
Diphtheria.....	476	.057	Typhoid and paratyphoid fever.....	119	.014
Heart disease.....	18,797	2.248	Whooping cough.....	386	.046
Influenza.....	2,058	.246			
Malaria.....	10	.001			

Population of Belgium, Dec. 31, 1937: 8,361,220.

### CANADA

*Provinces—Communicable diseases—2 weeks ended December 3, 1938.*—During the 2 weeks ended December 3, 1938, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada, as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis.....				1	3			1		5
Chickenpox.....		5		527	499	84	137	48	206	1,506
Diphtheria.....		5	8	193	7	39	9	2	1	264
Dysentery.....					15				2	17
Erysipelas.....		1		8	5	2		4	3	23
Influenza.....		9			7	9			61	86
Lethargic encephalitis.....					1				1	2
Measles.....		2	1	309	794	84	8	2	12	1,212
Mumps.....		20	2		118	51	3	26	13	233
Paratyphoid fever.....		1			5					6
Pneumonia.....		1			67			5	19	92
Poliomyelitis.....				1	3	7		2		13
Scarlet fever.....		31	43	347	374	138	62	64	61	1,120
Smallpox.....					1		5			6
Trachoma.....						1			4	5
Tuberculosis.....	4	14	14	129	83	10	4	2	33	293
Typhoid fever.....			1	38	17	7	4	3		70
Undulant fever.....				2	2				3	7
Whooping cough.....		19	13	335	612	30	8		68	1,085

1 For 2 weeks ended Dec. 7, 1938.

*Vital statistics—Second quarter 1938.*—The Bureau of Statistics of the Dominion of Canada has published the following preliminary statistics for the second quarter of 1938. The rates are computed on an annual basis. There were 20.6 live births per 1,000 population during the second quarter of 1938 and 21.2 per 1,000 population during the second quarter of 1937. The death rate was 9.4 per 1,000 population for the second quarter of 1938 and 10.1 per 1,000 population for the same quarter of 1937. The infant mortality rate for the second quarter of 1938 was 62 per 1,000 live births and 65 per 1,000 live births for the corresponding quarter of 1937. The maternal death rate was 4.1 per 1,000 live births for the second quarter of 1938 and 5.4 per 1,000 live births for the same quarter of 1937.

The accompanying tables give the numbers of births, deaths, and marriages by Provinces for the second quarter of 1938 and deaths by causes in Canada for the second quarter of 1938 and the corresponding quarter of 1937.

*Deaths, by cause, second quarter, 1938*

Cause of death	Canada (second quarter) <sup>1</sup>		Province								
	1937	1938	Prince Edward Island	Nova Scotia	New Brunsw- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Al- berta	British Colum- bia
Automobile accidents.....	363	304	1	6	8	82	141	19	10	16	21
Cancer.....	2,990	2,908	35	128	115	787	1,127	184	143	165	224
Cerebral hemorrhage, cerebral embolism, and thrombosis.....	483	463	5	47	36	91	200	16	21	19	28
Diarrhea and enteri- tis.....	482	492	3	18	16	282	81	26	22	27	17
Diphtheria.....	49	73	3	3	2	57	2	5	2	1	1
Diseases of the arter- ies.....	2,435	2,534	21	108	114	475	1,237	156	117	112	194
Diseases of the heart.....	4,210	4,280	24	166	166	1,056	1,849	231	230	214	344
Homicides.....	32	36	1	1	1	5	12	3	1	6	8
Influenza.....	981	544	4	36	17	227	137	27	42	34	20
Measles.....	253	62	1	1	1	35	11	5	5	6	2
Nephritis.....	1,714	1,698	21	77	53	768	487	72	71	55	94
Pneumonia.....	1,965	1,828	18	104	122	573	625	93	85	104	104
Poliomyelitis.....	12	11	1	1	1	3	5	3	3	1	1
Puerperal causes.....	318	235	1	4	14	105	61	12	7	23	8
Scarlet fever.....	67	41	1	1	1	27	6	1	1	4	1
Smallpox.....	1	1	1	1	1	1	1	1	1	1	1
Suicides.....	265	260	1	7	5	41	97	34	17	31	27
Tuberculosis.....	1,918	1,651	25	91	106	739	326	86	60	76	142
Typhoid fever and paratyphoid fever.....	42	39	1	3	5	20	6	2	2	2	1
Violence.....	1,147	1,099	6	36	42	277	429	68	58	63	120
Other specified causes.....	7,429	7,429	57	366	354	2,604	2,363	403	426	407	449
Unspecified or ill-de- fined causes.....	119	119	4	8	30	35	12	2	8	9	11
Whooping cough.....	176	128	1	1	3	63	32	3	5	11	10

<sup>1</sup> Exclusive of Yukon and the Northwest Territories.

## Number of births, deaths, and marriages, second quarter 1938

Province	Live births	Deaths (exclusive of still-births)	Deaths under 1 year of age	Maternal deaths	Marriages
Canada <sup>1</sup> .....	57,490	26,234	3,555	235	23,887
Prince Edward Island.....	525	227	24	1	112
Nova Scotia.....	2,750	1,211	156	4	975
New Brunswick.....	3,058	1,211	199	14	854
Quebec.....	20,011	8,352	1,706	105	7,506
Ontario.....	16,693	9,246	803	61	8,578
Manitoba.....	3,383	1,442	181	12	1,558
Saskatchewan.....	4,083	1,334	172	7	1,154
Alberta.....	3,568	1,385	180	23	1,501
British Columbia.....	3,109	1,826	134	8	1,649

<sup>1</sup> Exclusive of Yukon and the Northwest Territories.

## CZECHOSLOVAKIA

*Communicable diseases—September 1938.*—During the month of September 1938, certain communicable diseases were reported in Czechoslovakia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	5	—	Malaria.....	965	3
Cerebrospinal meningitis.....	21	2	Paratyphoid fever.....	29	—
Chickenpox.....	30	—	Poliomyelitis.....	8	—
Diphtheria, X.....	1,875	77	Puerperal fever.....	14	3
Dysentery.....	155	24	Scarlet fever.....	1,847	12
Influenza.....	41	4	Trachoma.....	72	—
Lethargic encephalitis.....	1	—	Typhoid fever.....	970	53

## CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for December 30, 1938, pages 2298-2309. A similar cumulative table will appear in future issues of the PUBLIC HEALTH REPORTS for the last Friday of each month.

## Cholera

*China—Hong Kong.*—During the week ended December 17, 1938, 1 case of cholera was reported in Hong Kong, China.

## Smallpox

*Venezuela—Coro.*—A report dated December 22, 1938, stated that there was an extensive outbreak of smallpox (alastrim) in the region of Coro, Venezuela.

## Yellow Fever

*Ivory Coast—Akoupe.*—On December 17, 1938, 1 fatal case of yellow fever was reported near Akoupe, Ivory Coast.

*Nigeria—Ossiomo.*—On December 11, 1938, 1 suspected case of yellow fever was reported at Ossiomo, Nigeria.